

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **MARLON C. LUIS**

Name

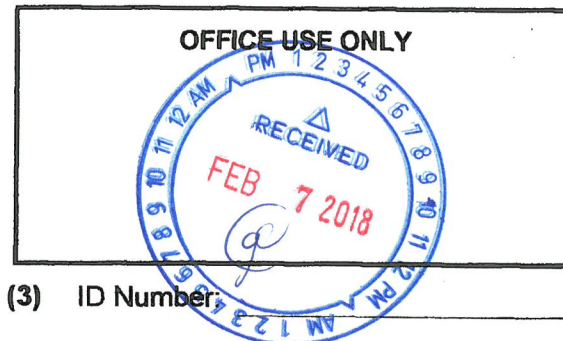
(2) **1800 SW 116 AVE.**

Address (number and street)

DAVIE, FL 33325

City, State, Zip Code

☐ Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: **COUNCILMEMBER DISTRICT 4**

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 01 / 2018 To 1 / 31 / 2018 Report Type: 2018 M-1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1000.00 , _____

Loans \$ _____ , _____

Total Monetary \$ 1000.00 , _____

In-Kind \$ _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ 0.00 , _____

Transfers to Office Account \$ _____ , _____

Total Monetary \$ 0.00 , _____

(8) Other Distributions

\$ _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ 1100.00 , _____

(10) TOTAL Monetary Expenditures To Date

\$ 47.94 , _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) **MARLON C. LUIS**

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) **MARLON C. LUIS**

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

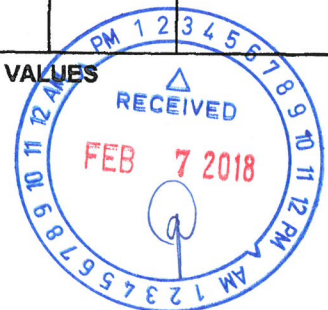
(1) Name MARLON C. LUIS (2) I.D. Number _____

(3) Cover Period 1 / 01 / 2018 through 1 / 31 / 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
1 29 2018 / /	2101 UNIVERSITY LLC 4611 S UNIVERSITY DR. DAVIE, FL 33328	B	REAL ESTATE	CHE			\$500.00
1							
1 29 2018 / /	SHOPPES OF ARROWHEAD 4611 S UNIVERSITY DR. DAVIE, FL 33328	B	PROP MNGMNT	CHE			\$500.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MARLON C. LUIS

(2) I.D. Number _____

(3) Cover Period 1 / 01 / 2018 through 1 / 31 / 2018

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
// /					
// /	N/A				
// /					
// /					
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